



State of Rhode Island and Providence Plantations
A. Ralph Mollis
Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Executive Office of Health and Human Services

Pastore Complex, Louis Pasteur Building

2. Title of Rule

Medical Assistance Program - Section 0314 - MA Payment for Out - of - State Care

3. Statutory Source of Authority

RIGL 40 - 8; Title XIX of the Social Security Act

4. Concise Explanatory Statement - §42-35-2.3

This rule is being filed under the Executive Office of Health and Human Services as RIGL 42-7.2-2(b) provides EOHHS as the authority of the single State agency designated to administer and supervise the administration of the Medicaid program under Title XIX of the Social Security Act. No changes have been made to the content of the regulation.

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-3(b)

☐ Adoption

☐ Amendment of ERLID:

". ☐ Repeal of ERLID:

A2. Emergency 90-day renewal - §42-35-3(b)

☐ Adoption

☐ Amendment

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):

Final Rules

☐ B1. Amendment

☐ B2. Adoption

☐ B3. Repeal

☒ C. Technical Revision

Supersedes ERLID: 3912

Repeals ERLID:

Expires ERLID:

If B1 or C, please indicate new, amended, deleted, or revised sections:
see above

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1): Notice Not Required

Date of Public Hearing - §42-35-3(a)(2): Hearing Not Required

End of Comment Period:

7. Agency Additional Information - Web Page

<http://www.ohhs.ri.gov>

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

Name

Title

Notary Public

Subscribed and sworn before me

this _____ day of _____, _____